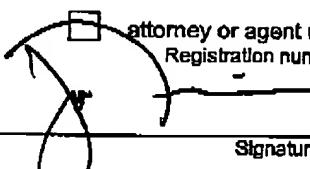


JUL 18 2005

PTO/SB/22 (12-04)

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)
<b>FY 2005</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		<b>020184-000300US</b>
Application Number 09/852,939		Filed May 9, 2001
For TRANSMISSION OVER PACKET SWITCHED NETWORKS		
Art Unit 2665	Examiner Phan, Man U.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$ 60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$ 225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$ 510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$ 795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$ 1080
<input checked="" type="checkbox"/> <b>Applicant claims small entity status. See 37 CFR 1.27.</b> <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> <b>The Director has already been authorized to charge fees in this application to a Deposit Account.</b> <input checked="" type="checkbox"/> <b>The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</b> <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>43,616</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
		July 18, 2005
Signature		Date
<u>Thomas D. Franklin, Reg. No. 43,616</u> Typed or printed name		(303) 571-4000 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

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